

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)																								
FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		3896 - 083335 (P-5807)																								
Application Number 10/614,079		Filed 7/8/2003																								
For "Point of Care Information Management System"																										
Art Unit 3626		Examiner Eliza A. Squires																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th style="text-align: center;"><u>Fee</u></th> <th style="text-align: center;"><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$130</td> <td style="text-align: right;">\$65</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$490</td> <td style="text-align: right;">\$245</td> <td style="text-align: right;">\$ 490.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$1110</td> <td style="text-align: right;">\$555</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$1730</td> <td style="text-align: right;">\$865</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$2350</td> <td style="text-align: right;">\$1175</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>				<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ 490.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-0650</u> .																										
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form.</b> <b>Provide credit card information and authorization on PTO-2038.</b>																										
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>55,502</u>																										
 Signature		<u>February 22, 2010</u> Date																								
<u>Lara A. Northrop</u> Typed or printed name		<u>412-471-8815</u> Telephone Number																								
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>																										
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.																										